November 16, 1988

The Honourable Eleanor Caplan, M.P.P.
Oriole
Minister of Health
10th Floor, Hepburn Block
Queen's Park
Toronto, Ontario
M7A 2C4

Dear Mrs. Caplan:

The Healing Arts Radiation Protection Commission (the "Commission") is pleased to provide you with its annual report in respect of the Commission's activities during the period of April, 1987 to March 1988. The Commission's annual report is required pursuant to the Healing Arts Radiation Protection Act (the "Act").

DUTIES OF THE COMMISSION

Attached as Schedule A to our report are the duties of the Commission as set forth in Section 16 of the Act.

THE COMMISSION'S MISSION STATEMENT

The Commission's mission is to fulfill its legislative function by helping the residents of Ontario to achieve low cost excellence in X-Ray Safety.

THE COMMISSION'S OPERATIONAL PHILOSOPHY

The Commission has adopted the following operational philosophy:

1. The Commission seeks to create an environment whereby Ontario's X-Ray Safety System, that is the health care practitioners and all residents of Ontario who use the System, improve the System for themselves.

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2. Give to the members of the health care professions and the residents of Ontario the opportunity to assume responsibility for the maintenance and improvement of Ontario's X-Ray Safety System.

3. Stand ready to assist health care professionals and the residents of Ontario as they strive to achieve low cost excellence in X-Ray Safety.

4. Recommend to the Minister of Health specific intervention in the X-Ray Safety System only when, for one reason or another, intervention is warranted.

THE CONTINUING DEVELOPMENT OF ONTARIO'S X-RAY SAFETY CODE

1. THE GUIDELINES FOR THE USE AND INTERPRETATION OF THE X-RAY SAFETY REGULATIONS

We are pleased to report the Guidelines for the use and interpretation of X-Ray Safety of the X-Ray Safety Regulations were published and distributed to all hospitals and registered owners of X-Ray units in the Province of Ontario. Publication occurred in June of 1987, with full scale distribution of the Guidelines being completed in September of 1987.

We are pleased to advise you that the Guidelines have been well received throughout Ontario and, indeed, favourable comments have been received from outside of the Province.

2. PEER REVIEW

The health care professions have accepted the Commission's challenge to establish a Peer Review System in relation to X-Ray safety. Specifically:

The Chiropractic Profession

The Board of Directors of Chiropractic in association with the Commission's Chiropractic Advisory Committee, has initiated a Peer Review system whereby Chiropractors are requested to submit X-Rays for evaluation pursuant to a

detailed Peer Review system. The Commission has been advised that the Peer Review system has been well received by the members of the profession and is operated in the spirit of collegiality.

The Medical Profession

The members of the Medical Profession as represented by the Commission's Medical Radiology Advisory Committee and the College of Physicians and Surgeons have been instrumental in developing a comprehensive onsite Peer Review system for all medical doctors practising radiology in the Province of Ontario. Representatives of your Ministry's X-Ray Inspection Service, the Medical Radiology Advisory Committee and the College of Physicians and Surgeons met for the purpose of developing and establishing a Peer Review program in relation to radiology. Progress was swift. Meetings first commenced in March of 1988. The program has now been established and we are pleased to report that the College of Physicians and Surgeons has scheduled its first Peer Review of Radiologists for the year 1989. We attach as schedule B a copy of the announcement by the Ad Hoc Peer Review Assessment Committee of the College of Physicians and Surgeons. Moreover, the Commission's Medical Radiology Advisory Committee is working together with the X-Ray Inspection Service to develop a system whereby Peer Review will be undertaken annually. The Commission notes that all these matters are being undertaken without the requirement for governmental intervention.

At a recent meeting of the Chairmen of the Commission's Advisory Committees, the dental and podiatry professions agreed that the Peer Review System as created by the Medical Radiology Advisory Committee and the X-Ray Inspection Service would be adapted for use by dentists and podiatrists. Moreover, the Chairmen have indicated the intention of their respective professions to assist in the development of the Peer Review System.

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In summary, we are pleased to report to you that the health care professions are putting forth great effort to establish and maintain an excellent X-Ray Safety System in the Province of Ontario.

CONSUMER EDUCATION AND RESPONSIBILITY

The Commission has resolved to promote the education of all residents of the Province of Ontario concerning X-Ray Safety. But more than this, the Commission intends to ask representatives of consumer groups and other interested persons to define the consumer's area of responsibility in helping Ontario achieve and maintain low cost excellence in X-Ray Safety. For example, we intend to ask the residents of Ontario how they can take responsibility for reducing the number of needless X-Rays that add nothing but cost and risk to health.

THE MARKETING OF X-RAY SAFETY

The Commission has resolved to commit itself to the marketing of low cost excellence in X-Ray Safety. To this end, representatives of the Commission have addressed meetings of the health professions throughout the Province of Ontario. Specifically, speeches or workshops were presented by the Commission, with the generous assistance of the X-Ray Inspection Service, at the following professional meetings:

1. The Ontario Dental Association Convention held in Toronto, May 1988;

2. The Ontario Medical Radiological Technologists Association meeting held in Windsor, June 1988;

3. The Ontario Medical Association Annual Council on Radiology Section Meeting held in Toronto, June 1988.

A representative of the Commission is presently scheduled to speak at the annual meeting of the Ontario Chiropractic Association in November of 1988.

These speaking engagements and workshops give members of the Commission an opportunity to sell the idea of low-cost excellence in X-Ray Safety and to obtain soundings from health care practitioners throughout the Province of Ontario.

NEW DEVELOPMENTS IN X-RAY TECHNOLOGY

The Commission has made a special commitment to keep itself informed concerning new developments in X-Ray Safety and X-Ray knowledge. To this end, the Commission has relied heavily on the generous assistance of its Physics Advisory Committee. The Commission has recently received a report from the Chairman of the Physics Advisory Committee advising the Commission that recent studies of the Nagasaki holocaust indicate that the risk of medical x-ray exposure has been underestimated by a factor of two.

This, together with recent revelations concerning the risk of naturally occuring radon gas indicate that the hazards of x-ray emissions can pose a serious threat to the health of the residents of Ontario.

The Commission's Physics Advisory Committee together with members of the other Advisory Committees have been helpful in advising the Commission concerning the development of new diagnostic technology.

THERAPEUTIC X-RAY REGULATIONS

The Commission has resolved to develop regulations for the therapeutic use of x-rays. Now that the regulations respecting the diagnostic use of x-rays and the related guidelines have been developed, the Commission intends to invite the professionals who use x-rays for therapeutic purposes to advise the Commission concerning this matter.

THE X-RAY INSPECTION SERVICE

Although the Commission recognizes that it has no mandate concerning the operation of your Ministry's X-Ray Inspection Service, we feel compelled to advise you that the Commission would be unable to fulfill few, if any, of its objectives without the generous assistance and guidance of the representatives of the X-Ray Inspection Service. The Commission looks forward to the continued good relationship enjoyed with the X-Ray Inspection Service.

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MEMBERSHIP ON THE COMMISSION'S ADVISORY COMMITTEES

We are pleased to identify for you the members of our Advisory Committees:

Podiatry Advisory Committee

- Dr. David Weston, Chairman
- Dr. Aaron Fenster
- Dr. Robert Goldberg
- Ms. Sandra Mark
- Dr. Walter Lumsden

Chiropractic Advisory Committee

- Dr. Robert Wingfield, Chairman
- Dr. Robert Thurlow
- Dr. Brian Wilson
- Mrs. Shashi Bhatia
- Dr. Walter Lumsden

Ad Hoc Quality Assurance Group - Dr. John Pikula
- Dr. Donald Henderson

Physics Advisory Committee

- Dr. Montague Cohen, Chairman
- Dr. Aaron Fenster
- Dr. Brian Wilson
- Dr. Martin Yaffe
- Dr. Walter Lumsden
- Dr. John Rowlands
- Mr. Nigel Baillie

Dentistry Advisory Committee

- Dr. George Stirling, Chairman
- Mrs. Mary Bondarchuk
- Dr. Kenneth Pownall
- Ms. Deborah Smith
- Dr. John Rowlands
- Dr. Michael Pharaoh
- Dr. Walter Lumsden
- Mr. Nigel Baillie

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Medical Radiology Advisory Committee

- Dr. David Hynes, Chairman
- Dr. Montague Cohen
- Dr. Philip Loren
- Dr. Edward Lansdown
- Dr. Cyril Rotenberg
- Dr. Peter Cockshott
- Mr. Gerard Charette
- Dr. Walter Lumsden
- Dr. William Mills

Radiology Technology Advisory Committee

- Mr. Desmond Barnes, Chairman
- Mr. Terence West
- Dr. Judith Ash
- Dr. Martin Yaffe
- Mr. Richard Roberts
- Ms. Sandra Mark
- Dr. Walter Lumsden

Ad Hoc Peer Review Assessment Committee

- Dr. David Hynes, Chairman
- Dr. Roy Beckett
- Dr. Peter Cockshott
- Dr. James Davidson
- Dr. Edward Lansdown
- Dr. Cyril Rotenberg
- Dr. Harold Stolberg
- Mr. Gerard Charette
- Dr. William Mills
- Dr. Walter Lumsden
- Dr. William Paul

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THE COMMISSIONS GOALS FOR 1988/89

The Commission has established for itself the following list of goals for the 1988/89 year:

1. Successful completion of the Peer Review program;

2. To review the use of therapeutic x-rays;

3. The tabling of guidelines in relation to pediatric radiology;

4. Report to the Minister on the consumer's area of responsibility in maintaining and achieving low-cost excellence in x-ray safety.

The Commission looks forward to receiving your comments and criticisms and any instructions or directives you might see fit to give to the Commission.

Yours very truly,

GERARD CHARETTE, Chairman

SHASHI BHATIA, Vice-Chairman

NIGEL BAILLIE, Member

SANDRA MARK, Member

The College of Physicians and Surgeons of Ontario

PEER ASSESSMENT COMMITTEE

The Peer Assessment Program continues to attract enquiries from other licensing authorities, other health disciplines and other health organizations in Canada and the United States. Officers of the New Brunswick College and Medical Association and the Nova Scotia College visited Ontario to obtain an in-depth view of the process.

The Committee plans to institute a peer assessment of radiologists in private office practice in 1989. To this end, meetings are taking place with representatives of the Section of Radiology of the OMA to design the mechanism of assessment and subsequently to identify assessors. Officials from H.A.R.P. (Healing Arts Radiation Protection) are also participating with the possibility that their inspections may relate to the College's program.

We greet with enthusiasm the institution of the Physician Enhancement Program (P.E.P.) which should go a long way towards solving the problem of more precise delineation and correction of deficiencies in records and care. This program is outlined in greater detail in a separate article in this Annual Report.

RESULTS OF THIS YEAR'S PEER ASSESSMENT PROGRAM

The 1987 program undertook assessments of 97 family physicians 70 years of age and over, and 50 family physicians under the age of 50. In addition, 19 internists and 15 psychiatrists age 70 and over were assessed.

Of note in this year's results is a somewhat lower rate of deficiency in family doctors age 70 and over than has been our experience in the past. In addition a higher than expected rate of deficiency was found in younger physicians. These data were added to accumulated data to determine if it influenced the significance of age as a "risk" factor. The result indicates that the statistical significance of the age factor remains valid. However, we will continue to make these observations in each year's summary. Not unexpectedly, however, there was a slightly higher rate of deficiency in the doctors age 70 and over in the two specialty groups than was previously experienced some years ago when these groups were randomly selected over all age groups.

We have now assessed every family physician, internist and psychiatrist 70 years of age and over who is practising in an independent manner. It is our intention to continue to assess all individuals reaching this age in these disciplines each year, while adding other disciplines as well.

THE PEER REVIEW PROGRAM FOR 1988

For your information, following is a brief summary of the anticipated activities of the Peer Review program for 1988.

Physicians to be peer assessed:	
Family doctors under 70 years of age (randomly selected)	100
General surgeons and paediatricians under 70 (randomly selected)	150
All practicing psychiatrists, internists, family doctors, general surgeons and paediatricians 70 years of age or older	90 (approx.)
Total physicians to be peer assessed in 1988 using 1 assessor	400

NEW IDEAS ASSESSED

Last year at this time, Council approved two new approaches which might allow greater speed of process, lower costs per assessment, and greater numbers of assessments to take place, without sacrificing current standards. The first of these was the use of two panels instead of the whole Committee to conduct the evaluation of assessments and interviews. In order to obtain an idea of

the consistency of evaluation by these two panels, the assessors' reports of a large number of doctors were assessed by both panels. These records were "blind" to each panel. The results of each panel's evaluations were compared for major discrepancy.

The two-panel system will be continued in the next year, and further blind cross-overs will occur so that further statistical data can be acquired and reported next year. At that time the rate of discrepancy can be more confidently reported and a more reasonable judgement made on the use of not only two but perhaps multiple panels.

The second new approach was an evaluation of one assessor versus two assessors for physicians' visits.

The Committee has consistently noted over the years that the rate of major discrepancy between two assessors' reports was low and this observation has been confirmed by means of a blind study performed in 1987. Therefore, the Council has approved a new system whereby the majority of assessments in the 1988 Peer Assessment Program will be performed by one individual.